
POSTER ABSTRACT

Patient's new role: healthcare safety assessor. Profile and willingness

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Introduction: Patient safety is a global priority. About 10% of people who receive health care in industrialized countries will suffer because of preventable harm and adverse events. One of the areas where competencies of patients can improve the quality of Health Care Organizations is Patient Safety. Nevertheless, the role of patient as assessor of safe practices in health care remains almost unexplored.

Theory/methods: The role of patient as assessor involves voluntarily and anonymously tracking health care safe practice adherence. It is different from others which goal is that the patient reports adverse events. We conducted a research work to assess if patients or companions (P&C) are willing and able to engage in the assessment of professionals' adherence to safe practices based on scientific evidence. 101 patients undergoing oncological treatment and/or their companions have been recruited and trained in 4 safe practices during 2018. 5 focus groups (patients and healthcare professionals) have been conducted to identify the challenges and requirements of the role of P&C as assessors of safe practices.

Results: After the training programme, P&C willingness to participate as safety assessors varied according to the safe practice evaluated, from 76% for hand hygiene to 83% for patient identification or matching the drug with the patient. The % of P&C willing to challenge the professionals in case they detected a violation in a safe practice ranged from 49% for hand hygiene to 86% for matching drug to patient. Nevertheless, the % ranged from 3% for hand hygiene to 32% for patient identification when asked if they had actually challenged a health professional when they saw a non-compliance of the protocol. 90% of P&C said that the willingness to challenge a professional depended on the perceived risk of suffering an adverse event.

Age, gender and education level were similar between the group who would be safety assessors and the group who would not.

240 codes have been identified in the focus groups.

Discussion: The P&C engagement as safety assessors is an innovative way of patient empowerment and it has been seldom explored. We think that it can provide invaluable help to assess safety practices within health care organizations, which in turn, improves the quality of care provided to the patients.

Conclusions: 3 out of 4 P&C were willing to enrol as safety assessors. On the other hand, patients found it difficult to adopt a challenging attitude towards the professionals, which depended on the perceived risk of suffering an adverse event.

The characteristics of the patients do not predict their willingness to engage in this new role.

The feedback from the focus groups is absolutely necessary.

Lessons learned: The complexity of carrying out a project of these characteristics and the ethical issues emerged.

Limitations: We have recruited oncological patients in a Tertiary Hospital in Spain.

Suggestions for future research: Different types of P&C and safe practices could be assessed. Cultural, geographic and health care context can affect the patient willingness to become a safety assessor.

Keywords: patient empowerment; safety assessment; patient safety; safety assessor
